

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-010692

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 47

Primary Registration District No. 3008

Registrar's No. 112

FILED APR 9 1963

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Callaway		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cole	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fulton		c. CITY OR TOWN Jefferson City	
Length of stay in 1b 54 Days		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hospital No. 1		d. STREET ADDRESS (If outside, give location) 1508 E. High St.	
3. NAME OF DECEASED (Type or print) First Fred Middle M. Last Hafner		4. DATE OF DEATH Month 3 Day 31 Year 63	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6/4/1888
9. AGE (last birthday) 74		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Agent for a gas company		10b. KIND OF BUSINESS OR INDUSTRY same	
11. BIRTHPLACE (City and state or country) Missouri		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME A. F. Hafner		13b. MOTHER'S MAIDEN NAME Anna B. Reubling	
14. NAME OF HUSBAND OR WIFE Effie M. Hafner		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) no	
16. SOCIAL SECURITY NO. no		17. INFORMANT State Hospital Records Fulton, Mo	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis DUE TO (b) Coreonary Thrombosis DUE TO (c) Coreonary Thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH 30 minutes	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 2 s.m. 5 p.m. Month, Day, Year 2/5/63		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) State Hosp. No. 1		20f. CITY, TOWN, OR LOCATION Jefferson City	
21. I attended the deceased from 2/5/63 to 3/31/63 Death occurred at 3/31/63 on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE Lenny Stelowski, D.D.	
22b. ADDRESS State Hospital No. 1, Fulton, Mo.		22c. DATE SIGNED 3/31/63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2 Apr. 1963	23c. NAME OF CEMETERY OR CREMATORY Hawthorne Mem. Gardens	
23d. LOCATION (City, town, or county) Jefferson City		23e. DATE RECD. BY LOCAL REG. April-1-1963	
24. FUNERAL DIRECTOR Briescher Funeral Home, Mo.		25. REGISTRAR'S SIGNATURE Maritta Lawrence	

(Licensed Embalmer's Statement on Reverse Side)

APR 9 1963

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-P-183

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STATEMENT BY LICENSED EMBALMER

8-68

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Thomas M. Emmons

Licensed Embalmer No. 5064

P. O. Address Fulton, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.